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ABSTRACT

The report describes Year 1 activities under Part H, the Infant and Toddler Program, of Public Law 99-457, the Education of the Handicapped Amendments of 1986. State contacts for the Part H Program were asked to respond to questions in several major areas including: Interagency Coordinating Council, the use of Part H funds, the status of states' determination of definitions for developmentally delayed, and current implementation of the required components of the statewide early intervention system. Results indicated positive implementation efforts by the states. States are using mechanisms to enhance interagency collaboration but often lack needed information to facilitate state planning as seen in difficulties in estimating numbers of children and families served. Tables detail survey results for the 55 jurisdictions--all states and the District of Columbia, Puerto Rico, Guam, the Virgin Islands, and the Bureau of Indian Affairs. Tables report on: status of the State Interagency Coordinating Council (ICC), the number of times per year of planned Council meetings, the date of the first ICC meeting, the number of times the ICC met prior to January 1, 1988, the age range of Council focus, the agency or profession of Council chairperson, types of Council representation, use of Part H funds, and the state policy concerning "at risk" infants and toddlers. A list of Part H contact persons with addresses and phone numbers is also provided. (DB)

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A REPORT ON YEAR 1 ACTIVITIES UNDER PART H--THE HANDICAPPED INFANT AND TODDLERS PROGRAM



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March 1988

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EC 211 875

A REPORT ON YEAR I ACTIVITIES UNDER PART H

INTRODUCTION

The purpose of this document is to report the results of a survey conducted in January 1988 to determine the status of state activity in the first year of the implementation of Part H, The Handicapped Infant and Toddler Program. All states are currently participating in the program which was enacted in October, 1986 by P.L. 99-457, the Education of the Handicapped Amendments of 1986. To obtain information about states' activities during this first year, the National Association of State Directors of Special Education (NASDSE) and the Family and Child Learning Center in Tallmadge, Ohio conducted this survey. State contacts for the Part H Program were asked to respond to questions in several major areas including: the Interagency Coordinating Council, the use of Part H funds, the status of states' determination of definitions for developmentally delayed, and current implementation of the required components of the statewide early intervention system.

Written questionnaires were mailed in December 1987 to the individual in each state listed on Office of Special Education Programs (OSEP) records as the contact person for the Part H program. These questionnaires were followed with phone contacts establishing appointments for questionnaires to be completed by phone and clarifying any questions encountered in providing information. States provided written verification when information was provided by phone and further clarification of responses, as necessary.

The questionnaire was designed to describe states' initial implementation activities in selected areas of focus. States, as a whole, did not receive federal allocations for this program until September 1987. Therefore, most states were in very initial stages of implementing activities proposed in their program applications at the time that questionnaires were completed. Responses to questions were summarized across all states and territories. All states were unable to provide complete information suffi-

cient to address each question, resulting in some variance in the numbers of states and territories included in response summaries.

This document contains the results of the survey in narrative and table form and a list of the Part H contacts in each state.

RESULTS

Responses were received from 55 jurisdictions, including all 50 states, the District of Columbia, Puerto Rico, Guam, the Virgin Islands, and the Bureau of Indian Affairs. In reporting these results, the term "state" is used to indicate any of the jurisdictions that responded to the survey. Results will be discussed according to three major areas : State Interagency Coordinating Council, the Statewide System, and Service Provision.

State Interagency Coordinating Council

States were asked to comment on the Governor's appointment of a State Interagency Coordinating Council (ICC). These results are reported on Table 1. In the majority of states (25), the Governor has appointed a new Council. Thirteen (13) states are using an existing Council to guide the Part H Program. In another thirteen (13) states, an existing Council (usually the Early Childhood State Plan Grant Council from P.L. 98-199 activities) has been changed to meet P.L. 99-457 requirements. The Governor is in the process of reappointing Council members in the remaining four states (CA, TN, LA, and VA). See Table 1.

The statute requires states to convene ICC meetings at least four times a year. However, survey results indicated that the majority of state ICCs

plan to meet more than the four times required (see Table 2). Sixteen (16) states reported ICC meetings 5-8 times a year. Another eleven (11) states plan for the Council to meet 9-12 times a year while one state (Maine) is planning more than twelve meetings. The remainder of the states either have not determined the frequency of meetings (9), or plan to meet the required four times (18).

Forty-five (45) states reported that at least one ICC meeting had been held. The dates of initial meetings are listed on Table 3. The earliest meetings were held in February of 1987. Three (3) states met for the first time before April 1, 1987. Six (6) more states met between April and June of 1987. The largest group of states (19), met for the first time between July and September, 1987 while seventeen (17) states met between October and November of 1987. Of the ten (10) states whose Councils had not met prior to January 1, 1988, six (6) report having an initial meeting planned during January or February of 1988.

The frequency of ICC meetings prior to January 1, 1988 are listed on Table 4. The majority of states (30) reported that the State Interagency Coordinating Council had met more than one time. Arizona and Vermont had met more than four times. Seven (7) states had met four times and eleven (11) states three times. Two meetings had been held in ten (10) states while fifteen (15) states had only met once.

Report language accompanying Part H legislation encourages states to plan for coordination of services from birth to five years. Although the statute requires the Council to address the birth to three population, Table 3 reports state indications of the age range of Council focus. In thirty-four (34) states, the Councils address the birth to three population. However, in five (5) of those states, Council focus may be changed to birth to five years in the future. Another fifteen (15) states reported current Council activity as focused on the birth to five population. Four (4) states reported different age ranges such as birth to 24 months, and two (2) states have not determined population focus.

The statute requires the Governor to appoint a Chairperson for the State Interagency Coordinating Council. Table 6 reports the agency or professional membership of the Chairperson. A Chairperson has

been appointed in forty-four (44) states. Eleven (11) Chairpersons have not been appointed as of this analysis. Of the forty-four (44) Chairpersons appointed, ten (10) are parents. In six (6) states, that role is assumed by a service provider and in eighteen (18) states by an agency representative. Ten (10) other states reported the Chairperson to be another member of the Council such as a representative from higher education (three states) or a physician (two states).

Representation of the majority of the membership on the Council is specified according to the statute. However, in some cases (i.e. "agencies involved in the provision or payment of...") states determine who best meets the federal criteria for required representation. States were asked to list such representation. Table 7 depicts states' Council representation outside the SPECIFICALLY required groups listed in the statute. Forty-five (45) states reported that a physician is on the State Council. Twenty (20) states indicated Head Start representation and forty-four (44) reported state special education agency representation. When asked how many of the "service providers" represented on the Council were currently providing direct service, forty-four (44) states reported service provider representatives to be DIRECT service providers (not only administrators). Other representatives on the Council reported by States are listed in Table 7.

The Statewide System

An attempt was made to address the status of state policies as required by the federal statute. States were asked to indicate the status of policies related to the fourteen (14) required components listed in the statute. States' comments in this section indicated varying interpretations of outcomes constituting a "policy in place." In addition, many states indicated that policy decisions will not be finalized until events such as hiring new state staff or obtaining Council input occur. The majority of states did not report policies as currently "in place" for required components. The most frequent components reported "in place" were multidisciplinary evaluation, public awareness, child find, central directory, and procedural safeguards.

States were also asked when specific components would be addressed (e.g. Year 1, Year 2, Year 3), as an indication of which components were considered as priority from a states' perspective. The data indicated for the most part that States plan to address all components early in the program. Therefore, these data were not summarized by year of planned implementation.

When asked to report the percentage of the Part H award being utilized for various planning and development activities, most but not all states were able to provide data according to the four categories described below and summarized in Table 8.

Thirty-two (32) states reported the percentage of Part H funds used for grants to communities for the purpose of piloting innovative or model service delivery systems. Of these, eighteen states (18) will spend less than 21% of the Part H award on this category while eight (8) states will spend between 21% and 49%. Six (6) states reported spending more than 49% of their Part H allocation on this activity.

Twenty-nine (29) states reported the percentage of the award used by communities to design/implement local collaborative interagency efforts. Of these, twenty-five (25) states will spend less than 21% of the Part H award on this activity while two states will spend between 21% and 49%. Two (2) states will spend more than 49% of their total award on this activity.

Forty-five (45) states reported the percentage of the Part H award being retained at the state level or contracted to conduct planning and development activities. Of these, twenty-two (22) states will spend less than 21% of the award on this activity. Eighteen (18) states will spend between 21% and 49% of their total award and six states will spend more than 49% on planning and development activities.

Forty-five (45) states provided the percentage of their state's Part H award that is being used to hire state/regional personnel involved in the implementation of the program. Twenty-nine (29) states will spend less than 21% of the total award on this category. Thirteen (13) states will spend between

21% and 49% and three (3) states will spend more than 49% on this activity.

Service Provision

Most policy decisions related to the Part H program are impacted by the state's selection of a definition of "developmentally delayed" as required by federal statute. According to survey results, eleven (11) states report they have established an official definition of "developmentally delayed" for the purpose of this program. These states are: Kansas, Massachusetts, New Jersey, North Carolina, North Dakota, Oregon, Puerto Rico, Texas, the Virgin Islands, Washington, and Wyoming.

The federal statute allows states the option of including infants and toddlers who are "at risk" of a developmental delay in the definition of the eligible population. Table 9 specifies the status of this decision as reported by states. Although the majority of states have not made a final decision regarding this option, fourteen (14) states indicate they have decided to serve the "at risk" population. Three (3) additional states will serve this expanded population in the planning phase of implementation on a pilot basis. Results of these pilots/models will be used to make a final state policy decision regarding services to the "at risk" population. Three (3) other states reported that they will not serve the "at risk" population during initial years of program implementation but may consider this option in the future.

Although planning and development activities are considered a priority, states have the option of spending Part H funds on direct services under certain conditions. Thirty-four (34) States reported expenditures of their Part H allocation for direct services (See Table 8). When these states were asked what percentage of their Part H award was being expected on direct services, seventeen (17) states reported spending less than 21% of their award on direct services while eight (8) states report spending between 21% and 49%. Nine (9) states reported spending more than 49% of the award on direct services.

In order to determine the extent to which children are currently served, states were asked to estimate the percentage of children receiving "all necessary services", "some but not all necessary services", and "no services". The results must be interpreted very cautiously. Many states could not begin to estimate how many children were receiving services. This might occur either because the state has not yet established a definition, has not established methods for identifying these children, or because the state has not established an interagency information sharing or management system. Interpretation of the data is further complicated by the varying numbers of states responding to the three parts of the question, 23 states reported estimates on the number of children "currently receiving all services", 21 states on the number of children estimated to be "receiving some services" and 19 on the percent of children estimated to be receiving "no services".

With these cautions in mind, the following information was reported by states:

Of the 23 states that estimated the percentage of children receiving "all necessary services":

- three states reported 90-100%
- seven states reported 50-89%
- six states reported 11-49%
- seven states reported 0-10%

Of the 21 states that estimated the percentage of children "currently receiving some, but not all services needed":

- one state reported 90-100%
- six states reported 50-89%
- nine states reported 11-49%
- five states reported 0-10%

Of the 19 states that estimated the percentage of children receiving "no services":

- no states reported 90-100%
- six states reported 50-89%
- five states reported 11-49%
- eight states reported 0-10%

A few comments can be noted from the above data. All states said that some children were receiving at least some services. Ten states (43%) of the 23 states providing estimates said they provided "all needed services" to more than half of their population and only 6 of the 19 states (32%) reported providing "no services" to 50% or more their population.

Results of initial state efforts to implement this new program are positive even at this early stage. States are clearly using mechanisms to enhance interagency collaboration in order to develop comprehensive services that build on existing bases. The absence of certain types of information that could facilitate state planning is evident in states' current difficulties in estimating numbers of children and families served and in their directed focus to establish such mechanisms. Efforts such as these substantiate the importance of planning and implementation from the states' perspective. Data from this survey demonstrate states' commitment to comprehensive systems of early intervention services.

For further information, contact Sharon Walsh at NASDSE, 202/296-1800.

TABLE 1
STATE INTERAGENCY COORDINATING COUNCIL

<u>State Is Using An Existing Council</u>	<u>State Has Appointed A New Council</u>	<u>State Has Changed/ Is Changing An Existing Council</u>	<u>Governor Reappointing Council</u>
Alaska - (Governor's Council for Handicapped and Gifted)	Alabama	*Guam - (State Plan Grant Council)	California
DC - (Mayor's Child Development Coordination Committee)	Arizona	Missouri - (EC Interagency Council)	Louisiana
Georgia - (DD Council)	Arkansas	Nebraska - (State Plan Grant Council)	Tennessee
Kansas - (Inter-agency Coordination Council on EC Development Services)	Colorado	New Hampshire	Virginia
*Kentucky - (Governor's Council of EC Development)	Delaware	N. Jersey	
Maine - (Inter-department Co-Ord. Committee for preschool handicapped children)	Florida	N. Mexico - (State Planning Grant Council and Advisory Panel)	
Massachusetts	Hawaii	N. Dakota - (State Plan Grant Council)	
New York - (Governor's Human Services Sub Cabinet)	Idaho	Puerto Rico - (Advisory Council)	
N. Carolina - (Interagency Pre-school Planning Committee)	Illinois	S. Dakota - (State Plan Grant Council)	
Oregon - (Ed Coordination Council)	Iowa	Virgin Islands - (State Interagency Council)	
S. Carolina (Governor's Interagency Council on EC Development and Education)	Maryland	Washington - (Birth to Six Planning Project Steering Committee)	
Texas - Advisory Committee to Inter-agency Council on EC)	Michigan	Connecticut - (Commissioner's Steering Committee)	
W. Virginia (State Plan Grant Council)	Minnesota	BIA (National BIA Advisory Council)	
	Mississippi		
	Montana		
	Nevada		
	Ohio		
	Oklahoma		
	Pennsylvania		
	Rhode Island		
	Utah		
	Vermont		
	Wisconsin		
	Wyoming		
	Indiana		

*planning to appoint a new council

TABLE 2
Number Of Times Per Year Of Planned Council Meetings

<u>4 x a year</u>	<u>5-8 x a year</u>	<u>9-12 x a year</u>	<u>12 + x a year</u>	<u>Not Determined</u>
Alabama	Colorado	Arizona	Maine	Alaska
Arkansas	Iowa	Delaware		Florida
California	Massachusetts	Hawaii		Illinois
DC	Michigan	Maryland		Kentucky
Georgia	Minnesota	N. Hampshire		Louisiana
Guam	Missouri (6-10)	Oklahoma		Tennessee
Idaho	Nebraska	Oregon		Virginia
Mississippi	N. Jersey (4-8)	Puerto Rico		BLA
Montana	Ohio	Utah		New York
Nevada	Pennsylvania	Vermont		
N. Mexico	Rhode Island	Washington		
N. Carolina	S. Carolina			
N. Dakota	Virgin Islands			
S. Dakota	W. Virginia			
Texas	Indiana			
Wisconsin	Connecticut			
Wyoming				
Kansas				

TABLE 3
Date of First ICC Meeting

<u>February - March 1987</u>	<u>April - June 1987</u>	<u>July - September 1987</u>	<u>October - November 1987</u>	<u>Not Met Yet</u>
DC (Feb)	Arizona (April)	Arkansas (Aug)	Alabama (Dec)	California
Florida (March)	Kansas (April)	Colorado (Sept)	Alaska (Dec)	*Georgia
Guam (Feb)	Louisiana (June)	Delaware (July)	Minnesota (Nov)	*Illinois
	Mississippi (May)	Hawaii (Sept)	Missouri (Nov)	Kentucky
	Texas (April)	Idaho (Sept)	Nebraska (Nov)	*Michigan
	Indiana (June)	Iowa (Oct)	Nevada (Dec)	New York
		Maryland (Sept)	N. Hampshire (Nov)	*North Dakota
		Massachusetts (Sept)	Montana (Oct)	Tennessee
		N. Jersey (Aug)	Oregon (Oct)	*Virginia
		N. Mexico (Oct)	Pennsylvania (Dec)	*BLA
		N. Carolina (July)	Rhode Island (Oct)	
		Ohio (July)	S. Dakota (Nov)	
		Puerto Rico (Aug)	Virgin Islands (Oct)	*1st meeting
		S. Carolina (Sept)	Wisconsin (Dec)	planned 1 or 2/88
		Utah (July)	Wyoming (Dec)	
		Vermont (Aug)	Connecticut (Nov)	
		Washington (Aug)	Maine (Oct)	
		W. Virginia (Sept)		
		Oklahoma (Sept)		

TABLE 4
Number of Times ICC Had Met Prior To January 1, 1988

<u>Not Met Yet</u>	<u>Once</u>	<u>Twice</u>	<u>Three</u>	<u>Four</u>	<u>More Than 4x</u>
California	Alabama	DC	Colorado	Hawaii	Arizona (7)
Georgia	Alaska	Florida	Delaware	Maryland	Vermont (5)
Illinois	Arkansas	Idaho	Kansas	Mississippi	
Kentucky	Minnesota	Iowa	Louisiana	Washington	
Michigan	Montana	Massachusetts	Maine	W. Virginia	
New York	Nebraska	N. Hampshire	Missouri	Indiana	
N. Dakota	Nevada	N. Carolina	N. Jersey	Oklahoma	
Tennessee	N. Mexico	Rhode Island	Ohio		
Virginia	Oregon	S. Carolina	Puerto Rico		
BIA	Pennsylvania	Virgin Islands	Texas		
	S. Dakota		Utah		
	Wisconsin				
	Wyoming				
	Connecticut				
	Guam				

TABLE 5
Age Range of Council Focus

<u>Birth-Five Years</u>	<u>Birth-Three Years</u>	<u>Other</u>	<u>Not Yet Decided</u>
Alaska	*Alabama	DC (Birth-15)	Guam
Illinois	Arizona		Tennessee
Kansas	Arkansas	Georgia	
Maine	California	(Birth-Death)	
Minnesota	Colorado		
Nebraska	Delaware	Virginia	
N. Carolina	Florida	(Birth-2)	
N. Dakota	*Hawaii		
Oregon	Idaho	BLA (Birth-21)	
Pennsylvania	Iowa		
S. Carolina	Kentucky		
Texas	Louisiana		
Virgin Islands	Maryland		
Washington	Massachusetts		
W. Virginia	Michigan		
	Mississippi		
	1) Missouri	*Consideration	
	Montana	is being given	
	Nevada	to changing	
	N. Hampshire	focus to birth -	
	N. Jersey	five years	
	N. Mexico		
	*New York		
	Ohio	1) 1st priority	
	Oklahoma	is Part H - will	
	Puerto Rico	continue to use	
	Rhode Island	as advisory for	
	S. Dakota	3-5	
	*Utah		
	Vermont		
	Wisconsin		
	Wyoming		
	*Indiana		
	Connecticut		

TABLE 6
Agency or Profession of Council Chairperson

<u>An Agency</u>	<u>Parent</u>	<u>Service Provider</u>	<u>Other</u>	<u>Not Appointed Yet</u>
Alabama (Institute for Deaf and Blind)	Alaska	Idaho	Delaware	California
Arkansas (DD Council)	Arizona	Maryland	(pediatrician)	Guam
DC (Mayor's Office of Government Relations)	Colorado	Michigan	Florida	Illinois
Maine (State Dept)	Georgia	S. Carolina	(personnel	Iowa
Missouri	Kansas	Utah	prep-medical	Kentucky
Nebraska	Minnesota	Indiana	school)	Nevada
N. Hampshire	Montana		Louisiana	N. Mexico
N. Jersey	Oklahoma		(legislator)	N. Dakota
New York	Puerto Rico		Massachusetts	Tennessee
N. Carolina	Wyoming		(Higher Ed)	Virginia
Ohio			Mississippi	Virgin Islands
Pennsylvania			(Governor's	
Rhode Island			office)	
(Commiss. of Ed)			Oregon	
S. Dakota			(Community)	
Washington			Activist)	
W. Virginia			Texas	
Wisconsin			(physician)	
Connecticut			Vermont	
			(Higher Ed)	
			BLA (tribe)	
			Hawaii (retired	
			professor,	
			specialist	
			Public Health	
			and Early	
			Intervention	

TABLE 7
COUNCIL REPRESENTATION

States Reporting a Head Start Representative on Council

Alaska	Missouri	South Carolina
Colorado	Nebraska	South Dakota
District of Columbia	North Carolina	Vermont
Idaho	North Dakota	Virgin Islands
Louisiana	Ohio	Washington
Maine	Oklahoma	Bureau of Indian Affairs
Mississippi	Oregon	

States Reporting a Physician on Council

Alabama	Massachusetts	Puerto Rico
Alaska	Michigan	Rhode Island
Arizona	Minnesota	South Carolina
Arkansas	Mississippi	South Dakota
Colorado	Missouri	Texas
Connecticut	Nebraska	Utah
Delaware	Nevada	Vermont
District of Columbia	New Jersey	Virgin Islands
Florida	New Mexico	Virginia
Georgia	New York	Washington
Hawaii	North Carolina	West Virginia
Indiana	Ohio	Wisconsin
Iowa	Oklahoma	Wyoming
Louisiana	Oregon	Bureau of Indian Affairs
Maine	Pennsylvania	
Maryland		

States Reporting a Direct Service Provider
(with current involvement in actual service delivery
NOT only administration).....*

Alabama	Massachusetts	Puerto Rico
Alaska	Minnesota	Rhode Island
Arizona	Mississippi	South Carolina
Colorado	Missouri	South Dakota
Connecticut	Montana	Texas
Delaware	Nebraska	Utah
District of Columbia	Nevada	Vermont
Florida	New Jersey	Virgin Islands
Hawaii	New Mexico	Virginia
Idaho	North Carolina	Washington
Illinois	North Dakota	West Virginia
Indiana	Ohio	Wisconsin
Iowa	Oklahoma	Wyoming
Louisiana	Oregon	Bureau of Indian Affairs
Maryland	Pennsylvania	

-11-

TABLE CONTINUES

Table 7, page 2

States Reporting a Special Education State Representative

Alabama	Massachusetts	Pennsylvania
Alaska	Michigan	Puerto Rico
Arizona	Minnesota	Rhode Island
Colorado	Mississippi	South Carolina
Connecticut	Missouri	South Dakota
Delaware	Montana	Utah
District of Columbia	Nebraska	Vermont
Florida	Nevada	Virgin Islands
Georgia	New Hampshire	Virginia
Hawaii	New Jersey	West Virginia
Indiana	New Mexico	Wyoming
Iowa	New York	Bureau of Indian Affairs
Kansas	North Carolina	
Louisiana	Ohio	
Maine	Oklahoma	
Maryland	Oregon	

Others (list Please)**

Alaska	Mississippi	Texas
Colorado	Montana	Utah
Connecticut	New Hampshire	Vermont
District of Columbia	New Jersey	Virgin Islands
Florida	New York	Virginia
Georgia	North Carolina	West Virginia
Hawaii	North Dakota	Wisconsin
Idaho	Ohio	Wyoming
Indiana	Oklahoma	Bureau of Indian Affairs
Iowa	Oregon	
Louisiana	Rhode Island	
Maine	South Carolina	
Maryland	South Dakota	
Minnesota		

*Individuals listed include:

Speech/language pathologies, teachers (0-3) (3-5), daycare, psychologists conducting assessments, migrant services, infant specialists, occupational therapy, physical therapy, early intervention specialists, diagnosis evaluation service, medical services institutional care, home-based teachers, case-management staff, family support/training staff, parent training representatives, public health nurse, hospital staff, clinical services staff, parent educator, public school and nonprofit providers.

**Individuals and Agencies listed include:

Public Health Nurse, Association of Retarded Persons, Parent Information Center Director, City Council, Speech Pathologists, Family Therapists, Child Find Staff, Private School staff, Legal Aid Attorney, private Day Care, Board of Regents, Citizen

Table 7, page 3

at Large, Developmental Disabilities Council Representative, Advocacy ORGANIZATION Representation EPSDT Representative, Public Health and Nursing Representative, Teachers (MHMR, Education, Human Services) Medical Assistance Representative, Budget Analysis, Infant, Child and Adolescent Health Services Representative, Child Welfare Services Representative, Governor's Office for Handicapped Individuals Representative, Early Intervention Specialists, Private Provider, Autistic Society Representative, Mental Health Advocate, United Cerebral Palsy, General Education Services Representative, Physical Therapists, Occupational Therapists, Speech, Other State Agency Commissioners or representatives, Insurance Company Executives, Allied Health Professional Representatives, Office of state wide Planning, state Protection and Advocacy Office, Professional Organizations' with focus on young children, Primary Care Association Representative, Community Health Nursing Program Representatives, Medical Services, University Affiliated Programs, Legal Coalition Representatives, Attorneys, Respite care Representatives, Civil Rights Commission, and Academy of Pediatrics State Representatives.

TABLE 8
USE OF PART H FUNDS

- A. This section displays the use of funds for grants/funds issued to communities for the primary purpose of piloting innovative or model service delivery systems. Thirty-two (32) states reported the following data.

1. States Spending Less Than 21%

AK	HA	MI	NY	WV
AL	IL	MT	OH	WY
CA	MA	NE	TX	
CO	ME	NJ	VI	

2. States Spending Between 21% and 35%

DC	LA	MN	ND	NV	DE
----	----	----	----	----	----

3. States Spending 36% to 49%

CT	KY
----	----

4. States Spending More Than 49%

KA	NM	OR	PR	RI	SD
----	----	----	----	----	----

- B. This section displays the use of funds for grants/funds issued to communities to design/implement local collaborative interagency efforts. Twenty-nine (29) states reported data in this category.

1. States Spending Less Than 21%

AK	DE	KY	MI	NM	SC
AL	Guam	LA	MT	ND	TX
CO	HA	MA	NE	OH	UT
DC	IL	ME	NJ	RI	WV
					WY

2. States Spending Between 21% and 35%

MN

3. States Spending Between 36% and 49%

CA

4. States Spending More Than 49%

KS	NY
----	----

Table 8, page 2

C. This section displays funds being retained at the state level or contracted to conduct planning and development activities. Forty-five (45) states reported data in this category.

1. States Spending Less Than 21%

AK	DC	LA	NE	OH	VA
AZ	Guam	MN	NV	OK	WY
BIA	KA	MO	NJ	PR	
CA	KY	MT	NM	TX	

2. States Spending Between 21% and 35%

CT	IL	ND	SD
DE	ME	NY	UT
HA	MD	OR	VT
ID	MI	RI	

3. States Spending Between 35% and 49%

AL	CO	NH
----	----	----

4. States Spending More Than 49%

FL	MA	SC	VI	WV
----	----	----	----	----

D. This section displays the use of funds to hire state/regional personnel involved in statewide implementation of the Part H Program. Forty-five (45) states reported data in this category.

1. States Spending Less Than 21%

AL	IL	MO	OH	TX
AZ	KA	MS	OK	UT
BIA	LA	MT	OR	VA
CA	MA	NC	PA	WV
CO	MI	NJ	PR	WY
IA	MN	NY	SC	

2. States Spending Between 21% and 35%

CT	MD	NM	VI
KY	ME	NV	VT

3. States Spending Between 36% and 49%

AK	DC	DE	ID	ND
----	----	----	----	----

4. States Spending More Than 49%

HA	NH	WA
----	----	----

Table 8, page 3

E. This section displays the use of funds for direct service to develop and expand existing services, based upon states that reported expenditures. Thirty-four (34) states indicated that data were available in this category.

1. States Spending Less Than 21%

AL	CT	KY	NY	WV
AK	DC	MA	ND	
AZ	DE	ME	OK	
CO	IA	NM	VI	

2. States Spending Between 21% and 35%

CA	HA	LA	MN	NJ
----	----	----	----	----

3. States Spending Between 36% and 49%

MI	MS	OH
----	----	----

4. States Spending more Than 49%

Guam	KA	NE	PA	WY
IL	MT	NC	TX	

TABLE 9
"AT RISK" Policy

States Reporting a
Decision to Serve "At
Risk" Infants and
Toddlers

*BLA
*North Carolina
*Massachusetts
*Texas
*New Hampshire
*Kansas
1. Pennsylvania
*Mississippi
*Illinois
2. Ohio
Minnesota
2. Guam
Florida
North Dakota

*Biological and
environmental

1. at risk of
developing mental
disability

2. biological,
environmental and
established

States Reporting a
Decision Not to
Serve "At Risk"

New Mexico
Georgia

State Reporting
Plans to Not Serve
"At Risk" the First
Several Years But
Planning To
Reconsider Decision
In Future Years

Puerto Rico
Oklahoma
Nebraska

States Reporting
Plans To Serve "At
Risk" On A Pilot
Basis The First
Several Years To
Assist State In
Making A Policy
Decision Regarding
Service Delivery To
The "At Risk"
Population

Missouri
Indiana
Michigan

States Reporting
That A Decision
Regarding "At Risk"
Has Not Been Made As
Yet

Wyoming
Wisconsin
West Virginia
Washington
Virginia
Vermont
Utah
Tennessee
South Dakota
South Carolina
Hawaii
Rhode Island
Oregon
New York
New Jersey
Nevada
Montana
Maryland
Louisiana
Kentucky
Iowa
Idaho
Alabama
Alaska
Arkansas
California
DC
Delaware
Virgin Islands

Other

Maine - currently
reviewing all
criteria, will
most likely
continue to serve
this population
under 99-457

Arizona - current
definition
includes "at
risk" but
excludes
environmental "at
risk"

Connecticut -
serving
biological "at
risk" not
serving
environmental "at
risk"

Colorado -
tentatively
adopted narrow
"at risk"
definition,
limited
categories
primarily
biological

HANDICAPPED INFANTS AND TODDLERS PROGRAM

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